## PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

| Effective December 8, 2004  |  |  |                            |                                       |                     |                                 |                   |                     | 10/595328                  |    |                     |                        |
|---|--|--|----------------------------|---------------------------------------|---------------------|---------------------------------|-------------------|---------------------|----------------------------|----|---------------------|------------------------|
|   |  | CLAIMS A                                   | PART I<br>in 1) (Column 2) |                                       |                     | _                               | SMALL ENTITY TYPE |                     | OTHER THAN OR SMALL ENTITY |    |                     |                        |
| U.S. NATIONAL STAGE FEES  |  |  |                            |                                       |                     |                                 |                   | RATE                | FEE                        |    | RATE                | FEE                    |
| BASIC FEE   |  |  |                            |                                       |                     |                                 | 1                 | BASIC FEE           |                            | OR | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |  |                            |                                       |                     |                                 | 1                 | EXAM. FEE           |                            |    | EXAM. FEE           | 200                    |
| SEARCH FEE  |  |  |                            |                                       |                     |                                 | 1                 | SEARCH FEE          |                            |    | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |  | minus 100 =                |                                       | / 50 =              |                                 | 1                 | X \$ 125 =          |                            |    | X \$ 250 =          | /                      |
| TOTAL CHARGEABLE CLAIMS   |  |  | 19 minus 20 = *            |                                       | , /                 |                                 | 1                 | X \$ 25 =           |                            | OR | X \$ 50 =           | 1                      |
| INDEPENDENT CLAIMS  |  |  | 2 minus 3 = *              |                                       |                     |                                 | 1                 | X \$ 100 =          |                            | OR | X \$ 200 =          | /                      |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                             | ESENT                      |                                       |                     |                                 | 1                 | + \$ 180 =          |                            | OR | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter                      |  |  |                            |                                       | in col              | lumn 2                          | J                 | TOTAL               |                            | OR | TOTAL ·             | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |  |                            |                                       |                     |                                 | 1                 | SMALL E             | NTITY<br>ADDI-             | OR | OTHER SMALL E       |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT            |                            | PREVIOU<br>PAID FO                    | SLY                 | PRESENT<br>EXTRA                |                   | RATE                | TIONAL<br>FEE              |    | RATE                | TIONAL<br>FEE          |
|   | Total  | *  | Minus                      | **                                    |                     | =                               | ]                 | X \$ 25 =           |                            | OR | X \$ 50 =           |                        |
|   | Independent                                    | *  | Minus                      | ***                                   |                     | =                               |                   | X \$ 100 =          |                            | OR | X \$ 200 =          | ·                      |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                            |                                       |                     |                                 |                   | + \$ 180 =          |                            | OR | + \$ 360 =          |                        |
|   |  |  |                            |                                       |                     |                                 |                   | TOTAL ADDIT.<br>FFF |                            | OR | TOTAL ADDIT.<br>FFF |                        |
|   |  | (Column 1)                                 |                            | (Column                               | າ 2)                | (Column 3)                      |                   |                     |                            |    |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                            | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>SLY            | PRESENT<br>EXTRA                |                   | RATE                | ADDI-<br>TIONAL<br>FEE     |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus                      | **                                    |                     | =                               |                   | X \$ 25 =           |                            | OR | X \$ 50 =           |                        |
|   | independent                                    | *  | Minus                      | ***                                   |                     | =                               |                   | X \$ 100 =          |                            | OR | X \$ 200 =          |                        |
|   | FIRST PRES                                     | ENTATION OF M                              | NULTIPLE DE                | PENDENT CL                            | AIM.                |                                 |                   | + \$ 180 =          |                            | OR | + \$ 360 =          |                        |
|   |  |  |                            |                                       |                     |                                 |                   | TOTAL ADDIT.<br>FFF |                            | OR | TOTAL ADDIT.        |                        |
|   |  |  |                            |                                       |                     |                                 |                   | ·                   |                            |    |                     | 3                      |
|   | If the entry in col                            | umn 1 is less than th                      | e entry in colum           | n 2 write "N" in                      | column              | . 3                             |                   |                     |                            |    |                     |                        |
| **  | If the "Highest No                             | umber Previously Pa<br>umber Previously Pa | id For" IN THIS            | SPACE is less t                       | han '20<br>han '3', | )', enter "20".<br>, enter "3". |                   |                     |                            |    |                     |                        |
|   | The "Highest Nu                                | mber Previously Paid                       | d For" (Total or I         | ndependent) is t                      | he high             | nest number found               | d in th           | ne appropriate box  | k in column                | 1. |                     |                        |